

Appendix J

Medical Section

The medical section is responsible for the medical support of the unit. It receives and analyzes incident-related samples. The medical section provides medical advice and consultation to the CST commander, the IC and, as directed, to public health agencies and local hospitals on the management of contaminated casualties, providing an initial medical assessment of the effects of the terrorist incident.

PREINCIDENT PHASE

J-1. In the preincident phase, the CST medical section should make frequent on-site coordination with EMS, hospital care providers, public health authorities, and representatives of organizations/agencies included in the National Disaster Response System. Planning for patient evacuation and decontamination and treatment protocols are key to successfully mitigating a CBRNE incident.

J-2. The medical section—

- Administers the unit medical surveillance program in accordance with DOD 6055.5-M.
- Coordinates with state and federal agencies to integrate and standardize laboratory analysis and sample packaging procedures (such as training with supporting state and/or federal agencies).
- Supervises the management of pharmaceuticals and medical logistics in accordance with applicable Army regulations (ARs), FMs, and supply bulletins (SBs).
- Coordinates supplements of the Army Surgeon General-approved base formulary with the state surgeon.
- Develops, requests, and maintains push packages for follow-on resupply of Class VIII supplies in support of ongoing operations.
- Prepares and maintains medical records and required medicants for deployment and ensures that all personnel have required immunizations.
- Ensures that all annual baseline physicals are up to date and documented.
- Ensures that all medical supplies and equipment are on hand and serviceable.
- Updates the medical resource database (hospitals/strike teams/resources).
- Ensures that all CST personnel have received required inoculations.

ALERT AND DEPLOY PHASES

J-3. In the alert and deploy phases, the medical section will package deployment medical records and required medical equipment and supplies for deployment. They will administer any required immunizations. They will prepare and provide a medical threat briefing to the CST staff for each mission. The medical section will prepare and coordinate a medical safety brief to include a hydration plan. The medical section will ensure that its vehicle is loaded and equipped according to the load plan and will brief the CST on any initial suspected agents (based on available intelligence).

J-4. The medical section provides information on suspected agents for modeling plumes, map overlays, and medical and laboratory facilities in the area of the incident site.

J-5. The medical section provides available information from the IC on available local supporting medical resources (such as supporting medical facility and laboratory) and conveying information to the IC on CST medical capabilities.

J-6. The medical section will establish initial reach-back with applicable medical resources per unit SOP. (See Appendix G for information on reach-back capability.)

J-7. The medical section will begin to conduct preentry medical monitoring.

J-8. The medical section will initialize appropriate medical and analytical equipment prior to deployment according to METT-TC and issue appropriate medical surveillance devices (such as dosimeters) in accordance with the unit SOP.

J-9. Additional medical section actions include—

- Prepare the initial medical hazard estimate for WO.
- Update the medical estimate with any new information.
- Load and check the equipment.
- Coordinate for medical support from local treatment facilities.
- Collect pertinent medical updates en route.
- Initiate reach-back to CBRNE SMEs.

RESPONSE PHASE

J-10. During the response phase, the medical section upon arriving at the incident site updates the medical support plan with the CST OPCEN to meet the commander's intent. The team receives the situation briefing from the IC and OPCEN and identifies medical support requirements based on the initial intelligence. The medical section establishes liaison with emergency medical resources to identify what the intent should be for the coordinated CST response (such as casualty extraction, evacuation, and on-scene treatment capabilities), especially during remote-site operations. The medical section keeps the commander, OPCEN, and the team members informed of the symptoms, health risks, and treatment protocol of the suspected threat agent(s).

J-11. The medical section will assist in the development of the CST safety plan.

J-12. The medical section establishes medical operation areas and communication with the OPCEN. The team advises the CST commander on CBRNE readiness of medical communities surrounding the incident site. The medical section establishes liaison and maintains contact with other health care entities to ensure adequate medical care for CST members and to assess the medical impact of the incidents. Medical operations documentation will be maintained at all times during the mission.

J-13. The medical section conducts medical monitoring of preentry personnel operating in PPE. This must be completed in a timely manner prior to entry. The medical section places the DAP/MALS into an operational status. The team establishes communications with the UCS for medical technical reach-back. It initiates a laboratory journal for analytical operations and uses chain-of-custody procedures. All equipment and calibrated instruments are validated prior to accepting a sample for analysis.

J-14. The medical section monitors CST personnel in PPE during section operations. Personnel operating in PPE may be operating beyond the visual range of CST medical personnel. Medical personnel can monitor communication channels to determine changes in behavior that require a recommendation to the CST OPCEN that entry personnel should be extracted. The medical section provides emergency medical care to CST members, as required.

J-15. The medical section works with the survey section to develop the sampling plan based on initial reconnaissance and available intelligence. The medical section assumes the appropriate level of PPE to receive samples for analysis. The team verifies the container integrity by a visual check, maintains the chain of custody, and initiates documentation upon receipt. The medical section prepares one or more sample aliquots for on-site testing. The remaining sample aliquots are forwarded to local, state, or national laboratories for confirmatory or definitive analysis. The medical section coordinates sample disposition with the operations team. An analytical log will be maintained on all samples processed and tested.

J-16. The medical section conducts a presumptive sample analysis. It conducts a collaborative assessment of analysis results (reach-back, health care community, modeling NCO, and available on-scene SMEs). It provides the OPCEN with the analytical results for inclusion in reports and in the periodic and final assessment packages. The incident medical assessment identifies the medical implications of on-site hazards and suggests medical mitigation actions.

J-17. The medical section conducts postentry medical screening of personnel in PPE. Medical personnel provide postentry monitoring and supportive medical care. The medical section provides final screening results to the OPCEN and updates medical documentation, as necessary.

J-18. The medical section controls residual sample material and coordinates to relocate waste materials from the analytical area to the HAZMAT collection point. The disposition of the analytical area must be determined

prior to leaving the site (such as decontaminated, disposed of). The medical section processes through the decontamination line, as required by METT-TC.

J-19. During the response phase, the medical section will—

- Link up with IC medical personnel for a situation update.
- Prepare the initial medical assessment for the OPORD brief.
- Assist, as necessary, in coordinating with local hospital facilities for two-way exchange of information and patient tracking.
- Supervise and monitor exit procedures for CST personnel in the hot-zone to ensure that decontamination is being conducted properly.
- Help facilitate medical resources for the CST commander.
- Identify medical facilities prepared to decontaminate casualties who arrive contaminated.
- Determine if a radiological OEG status has been reported.
- Ensure that medical treatment personnel have PPE appropriate for the hazard.
- Ensure that measures are being taken to preclude further casualties.
- Ensure that procedures are in place to prevent contamination of food, medical supplies, and water.
- Ensure that exposed CST personnel are treated immediately.
- Monitor decontamination team operations.
- Ensure that medical supplies are immediately available to treat CST personnel.
- Ensure that expended medical supplies are being tracked for resupply.
- Ensure proper disposal for expended/used medical supplies.
- Help ensure that first responders are being monitored/evaluated for agent exposure.
- Monitor work/rest cycles for the CST commander.
- Plan for managing contaminated CST casualties.
- Submit all required reports.
- Keep the OPCEN updated on all hazards and assessments.
- Ensure that all appropriate actions have been taken to reduce/eliminate risk to CST members.
- Track all required medical records, action logs, and journals.

POSTINCIDENT PHASE

J-20. In the postincident phase, the medical section updates the list of expendable medical supplies and submits shortages per the unit SOP. The medical section also updates CST medical personnel. The team conducts operator maintenance of all on-hand equipment and coordinates necessary outside maintenance to ensure preparedness for the next mission.

J-21. The medical section maintains all appropriate communications links with medical resources that participated during the incident.

J-22. The medical section coordinates the medical and mental health care of unit members that participated in the incident response. The section also coordinates for reconstitution of expended medical supplies and for medical maintenance support.